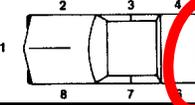
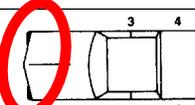
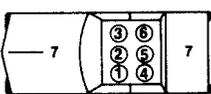


**Instructions: Complete only known information. Leave blank anything that you are not sure of as an investigator may complete later.**

# Local Traffic Crash Report

## Columbus Division of Police

Local Report Number **Leave Blank**

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>1, 2, 3, etc.</b>	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150		
In County Of <b>Name of County</b>	• Within corporate limits of Columbus (if not, file with correct agency)		Date of Crash M    D    Y		
Crash Occurred On <b>Name of Street, Freeway, or Route</b>		Within The Intersection Of <b>Nearest Intersecting Street</b>			
If Not In Intersection _____ Miles _____ Feet    N    W    E    S    Of (List Nearest Intersecting Street, Milepost, House No.)					
<b>A</b> Unit No. <b>1</b>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent		
Driver - Pedestrian Name (Last, First, MI) <b>Driver's Name</b>		Address (No., Street, State, Zip Code) <b>Driver's Home Address</b>			
Phone No. <b>Home #</b>	Birth Date M    D    Y	Age	Sex    State    Drivers License No.    Occupation		
Owner (If Same As Driver, Write Same)		Address    Phone			
Veh. Year	Make	Model	Color    Style    State    License Plate No.    Towing Service    Veh/Ped Dir From    To		
Circle Damage Areas		9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		
		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		
			Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire		
<b>B</b> Unit No. <b>2</b>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent		
Driver - Pedestrian Name (Last, First, MI) <b>Other Driver's Name</b>		Address (No., Street, State, Zip Code) <b>Other Driver's Home Address</b>			
Phone No.	Birth Date M    D    Y	Age	Sex    State    Drivers License No.    Occupation		
Owner (If Same As Driver, Write Same)		Address    Phone			
Veh. Year	Make	Model	Color    Style    State    License Plate No.    Towing Service    Veh/Ped Dir From    To		
Circle Damage Areas		9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		
		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		
			Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire		
<b>Occupant Section</b>	<b>C</b> From Unit No.	Name (Last, First, MI) <b>Passengers (if any) Go Here &amp; Below</b>	Birth Date M    D    Y	Age	Position A    B    C    D    E    F
		Address	Phone	Sex	<b>Write #'s in Box Above</b> 
	<b>D</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age	
		Address	Phone	Sex	 <b>P-PEDESTRIAN</b>
	<b>E</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age	
		Address	Phone	Sex	Restraints A    B    C    D    E    F
	<b>F</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age	
		Address	Phone	Sex	<b>Write #'s in Box Above</b> 1 Not Used 2 None Available 3 Lap Belt Used 4 Lap/Shoulder Belt Used 5 Shoulder Belt Used 6 Child Safety Seat 7 Air Bag Used 8 Use Not Reported
	<b>G</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age	
	Address	Phone	Sex	Ejection A    B    C    D    E    F	
<b>H</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age		
	Address	Phone	Sex	<b>Write #'s in Box Above</b> 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	
<b>I</b> From Unit No.	Name (Last, First, MI)	Birth Date M    D    Y	Age		
	Address	Phone	Sex		
Date Report Filed M    D    Y	Desk Officer's Name & Badge # <b>Leave Blank</b>		<b>Leave Blank</b>		

**Driver - Pedestrian - Vehicle Section**

**Occupant Section**

**Instructions: After completing this report send it to; Columbus Police-Records, Accident Reports, 120 Marconi Blvd. Columbus, Ohio 43215. You can then advise the insurance company that your report has been filed and they will tell you how to proceed.**

Local Report Number <b>Leave Blank</b>	Describe What Happened Refer To Units By Number	<b>Explain how the accident occurred at the instant of impact...</b>
---	---	--

**Example: Unit #1 (your vehicle) was driving southbound on Ohio Ave. and slowed for a red light at E. Main St. Unit #2 was driving southbound on Ohio Ave. behind Unit #1 and struck the rear of Unit #1.**

**X - Your signature & date here.**

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Harmful Event</b> <b>Two MV In Trasport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle <b>One MV In Trasport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object <b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	<b>Location</b> 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non Intersection 8 Private Property	
--	---	---	---	---	--	---	--	--

Type of Unit # <b>1</b>	A	# <b>2</b>	B	<b>Pre-Crash Actions</b> <b>Appropriate #'s →</b>	A	B	<b>Contributing Factor</b> <b>Appropriate #'s →</b>	A	B																	
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size <b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Track & Trailer 9 truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	<b>Bus</b> 16 School Bus 17 Church 18 Public <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue <b>Other</b> 22 Taxi 23 Motor Home 24 train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	<b>Driver Actions</b> 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action	<b>Pedestrian Actions</b> 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (Against Traffic) 22 Playing in Road 23 Working On Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Ran Red Light 6 Ran Stop or Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parked Position 12 Stopped or Parked Illegally 13 Left of Center 14 Failure to Control 15 Driver Inattention 16 Drove Off Road Reason Unknown 17 Other Driver Error	<b>Non-Driver Factor</b> 18 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions	<b>Vehicle Defects</b> Code if Contributing Factor is 18 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>Primary</b></td> <td style="width:10%;">A</td> <td style="width:10%;">B</td> </tr> <tr> <td><b>Secondary</b></td> <td>A</td> <td>B</td> </tr> </table>	<b>Primary</b>	A	B	<b>Secondary</b>	A	B	<b>Truck Load</b> 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	<b>Truck Axles</b> 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects												
<b>Primary</b>	A	B																								
<b>Secondary</b>	A	B																								
<b>Speed</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> </tr> <tr> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> </tr> </table>		Unit	Estimated	Legal	A			B			<b>Motorcycle Helmet Use</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit</th> <th>Driver</th> <th>Pass</th> </tr> <tr> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> </tr> </table>		Unit	Driver	Pass	A			B			<b>Traffic Control</b> 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Railroad Flashers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other	<b>Fixed Object Struck</b> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Schrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricage 15 Fire Hydrant 16 Other Object	<b>Driver #s</b> <input type="checkbox"/> <b>in box</b>	<b>Fixed Object #s</b> <input type="checkbox"/> <b>in box</b>	<b>Truck Load</b> A B <b>Truck Axles</b> A B Tractor Trailer Rigs
Unit	Estimated	Legal																								
A																										
B																										
Unit	Driver	Pass																								
A																										
B																										
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		<b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device																						